SUMMER CAMP - CAMP SATUCKET | 508-378-3913 | CAMPSATUCKET@OLDCOLONYYMCA.ORG

MEMBERS SAVE $50 A WEEK ON AVERAGE!

Financial assistance available, ask today!

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

OLD COLONY YMCA | 635 Plymouth St, East Bridgewater, MA 02333 | WWW.OLDCOLONYYMCA.ORG

CAMP MEMORIES SAFETY FUN

additional fee

additional fee
WHEN IS CAMP?

HOURS: 9AM–4PM

- Week 3: 6/29–7/3
- Week 4: 7/6–7/10
- Week 5: 7/13–7/17
- Week 6: 7/20–7/24
- Week 7: 7/27–7/31
- Week 8: 8/3–8/7
- Week 9: 8/10–8/14
- Week 10: 8/17–8/21

(No bus transportation)

WHAT'S INCLUDED?

SWIM LESSONS INCLUDED!

- Arts & Crafts
- Sports & Team Building
- Reading Nook, Library, & Storybook Trail
- Recreational Swim Time
- Enrichment Activities
- Theme Days

VILLAGES

<table>
<thead>
<tr>
<th>Villages</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional Camp</td>
<td></td>
</tr>
<tr>
<td>(Weekly Sessions)</td>
<td></td>
</tr>
<tr>
<td>Frontier Village</td>
<td>5–6</td>
</tr>
<tr>
<td>Pioneer Village</td>
<td>7–8</td>
</tr>
<tr>
<td>Sachem Village</td>
<td>9–10</td>
</tr>
<tr>
<td>Satucket Village</td>
<td>11–12</td>
</tr>
<tr>
<td>Vikings</td>
<td>13–14</td>
</tr>
<tr>
<td>Counselor In Training</td>
<td>15</td>
</tr>
</tbody>
</table>

WANT TO STAY CONNECTED?

Text the keyword "OCYSUMMER" to 55678 and opt-in to receive text alerts, news, and promotions about summer camp. By signing up, you agree to receive automated text alerts, news, and promotions from Old Colony YMCA. Consent not required for purchase. Up to 15 messages per month. Reply STOP to cancel, reply HELP for help. Message and data rates may apply. For Terms and Conditions or Privacy Policy visit us online. www.oldcolonyymca.org/mobile-alerts
THERE’S NOTHING QUITE LIKE SUMMER CAMP

Welcome to Camp Satucket! Whether you’re a Satucket Nation 5th year pro camper, or a new friend to our camp, we welcome you to the #BESTSUMMEREVER. Here at Camp Satucket we are excited for a full 10 weeks of exciting experiences that will foster lifelong memories, unforgettable friendships, and a nurturing environment designed for all ages and abilities. With adventure around every corner and new experiences each day, Old Colony Y campers learn, develop their character, and become more confident. There’s plenty of fun to go around too, as campers take to the water and the treetops to make memories and friendships that will last a lifetime.

KIDS DO BETTER WHEN THEY HAVE ACCESS TO MULTIPLE OPPORTUNITIES AND RESOURCES.
At the Y, we call this our integrated approach to youth development.

YOU’RE NOT JUST GETTING A CAMP COUNSELOR... ...YOU’RE GETTING THE YMCA

SAFETY
- Registered nurse
- CPR and First Aid Certified staff on grounds
- Trained Staff - Minimum 5 day orientation covering a broad range of subjects including: Counseling skills, team building, programming, conflict resolution, and sensitive issues such as child abuse and neglect.
- Aquatic staff: certified lifeguards and 3 day training on camp specifics
- We conduct Criminal Offender Record Information (CORI) and Sexual Offender Registry Information (SORI) checks prior to all staffs employment
- This camp must comply with regulations of the Massachusetts Department of Public Health and be licensed by the local board of health. Per Massachusetts law, parents may at any time request copies of background check, health care and discipline policies as well as procedures for filing grievances by contacting our camp office.

ARRIVAL & DEPARTURE
Drop Off / Pick-Up
Parents/guardians have the option of dropping off or picking up their child to and from YMCA Camp. No child under 12 years old is allowed to walk to/from camp or the bus stop without supervision. Children 12 years and older may walk to and from camp or the bus stop unsupervised after they have provided a signed note from a parent or guardian stating such to the Camp Director.

Early Dismissal
Please send a note with the time you will arrive to dismiss your child. We will gladly ensure that your child has left his/her activity, has gathered his/her belongings and is waiting for you at the camp office.
No camper will be dismissed through the camp office between 3:15 - 4:00 PM.
CONTACT MEMBER SERVICES OR VISIT OUR WELCOME CENTER TO BECOME AN OLD COLONY YMCA MEMBER TODAY!

MEMBERS SAVE $50 A WEEK ON AVERAGE. BECOME A MEMBER TODAY!

<table>
<thead>
<tr>
<th>Weeks</th>
<th>Savings*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$50</td>
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<tr>
<td>2</td>
<td>$100</td>
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<td>6</td>
<td>$300</td>
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<td>7</td>
<td>$350</td>
</tr>
<tr>
<td>8</td>
<td>$400</td>
</tr>
</tbody>
</table>

*Discount reflects membership difference. Must maintain membership throughout summer camp to qualify for discount.
Please complete the entire Registration packet for each camper and return it with your non-refundable deposit to:
Old Colony YMCA - East Bridgewater Branch, 635 Plymouth Street, East Bridgewater, MA 02333

<PLEASE NOTE THAT OUR PRIMARY METHOD OF COMMUNICATION IS VIA EMAIL>

CAMPER AND FAMILY INFORMATION

Camper’s Full Name (First, Last) : __________________________________________________________________________ Date of Birth: ___ / ___ / ______
Age: _____ Male _____ Female _____ Address: __________________________________________________________________________ City: __________ Zip Code: __________

<PREFFERED COMMUNICATION> Phone: __________________________ Email: __________________________________________________________________________

Parent/Guardian 1 Name: __________________________________________________________________________ DOB: ___ / ___ / ______ Cell: __________________________
Relationship to Camper: __________________________________________________________________________ Email: __________________________________________________________________________ Work: __________________________

Parent/Guardian 2 Name: __________________________________________________________________________ DOB: ___ / ___ / ______ Cell: __________________________
Relationship to Camper: __________________________________________________________________________ Email: __________________________________________________________________________ Work: __________________________

CUSTODY INFORMATION

Is there a court order in regard to the child’s custody? Yes ☐ No ☐
Is there a restraining order in regard to who may have contact with the child? Yes ☐ No ☐
If you answered yes to either question, a copy of the court order is needed for the child’s file. Please attach it to the registration form Attached ☐

Please note: A photo ID will be required by any individual who wishes to pick up or sign out your camper. Please indicate below those persons to whom your child may be released to for dismissal or in case of illness or injury. Your camper will not be released to any persons without a photo ID and a completed authorized person pick up card. In cases of emergency or illness, we will call the following contacts in the order they are listed below.

FOLLOWING ADULTS ARE AUTHORIZED TO PICK UP CHILD/REN AND ARE SUITABLE EMERGENCY CONTACTS

Contact Person: __________________________ Relation: __________________________ Phone: __________________________
Contact Person: __________________________ Relation: __________________________ Phone: __________________________
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ARRIVAL & DEPARTURE INFORMATION (Please indicate only one option for each):

MORNING ARRIVAL: ☐ Parent Drop Off at Camp (8:50-9:00am)

AFTERNOON DEPARTURE: ☐ Parent Pick-up from Camp (4:00-4:15pm)

This camp must comply with regulations of the Massachusetts Department of Public Health and be licensed by the local board of health. Per Massachusetts law, parents may at any time request copies of background check, health care and discipline policies as well as procedures for filing grievances by contacting our camp office.
HEALTH INFORMATION/MEDICAL INFORMATION & EMERGENCY CONTACT INFORMATION

Family Physician (to be contacted): ___________________________________________ Phone: __________________________

Do you have medical insurance? ☐ Yes ☐ No ☐ Carrier: ___________________________________________ Policy/Group #: __________________________

MEDICATION/HISTORY

Will camper be taking medication(s) while at camp? ☐ Yes ☐ No ☐ (Medications include epi-pens, inhalers, prescriptions, over-the-counter, vitamins, etc.)

If marked Yes, which medications? _____________________________________________

If yes, please be prepared to provide the medications (in original containers) with the Authorization to Administer Medication to Camper Form.

Asthma ☐  Epilepsy ☐  Diabetes ☐  Autism ☐  Hyperactivity/Behavioral ☐  Frequent Headaches ☐  Ear trouble ☐  Mental Health ☐

Other: _____________________________________________ Please comment on indicated history: _____________________________________________

MEDICATION/HISTORY

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Other: _____________________________________________ Please comment on indicated history: _____________________________________________

Please note: You may request to meet with the director to discuss your child’s history to better serve your camper.

None Known ☐  Food(s): _____________________________________________ Insect bites/stings: ___________________________________________

Poison Ivy/Oak: _____________________________________________ Medication(s): _____________________________________________ Other: _____________________________________________

Please explain reaction and treatment for the above allergies: _____________________________________________

If medication will be provided to the camp nurse, please fill out the Authorization to Administer Medication to Camper Form (found online at www.oldcolonyymca.org/locations/camps or at your camp/branch)

The following accommodations may be required to most effectively meet my child’s need while at camp.

_______________________________________________________________________________________________________________________________________________________

_______________________________________________________________________________________________________________________________________________________

_______________________________________________________________________________________________________________________________________________________

OTHER

Is your child on an IEP or 504 plan? ☐ Yes ☐ No ☐  If yes, please provide a copy of the plan.

Please explain any special dietary needs/restrictions: _____________________________________________

Please explain any limits or restrictions to physical activity while at camp: _____________________________________________

Any other conditions the camp directors or nurse should be aware of: _____________________________________________

Does your child attend a YMCA After School or Early Education program? If yes, where? _____________________________________________

Are there any accommodations or services that we can provide to make the summer as successful as possible? _____________________________________________

Please share any information that would help Summer Staff best serve your child: _____________________________________________

This health history is correct so far as I know, the person herein described has permission to engage in all prescribed camp activities except as noted.

EMERGENCY AUTHORIZATION

I hereby give my permission to the medical personnel selected by the Old Colony Y to order x-rays, routine tests, and treatment for my child, in the event I cannot be reached in an emergency. I hereby give permission to the physician selected by the Old Colony Y to hospitalize, secure proper treatment for, and to order injections and/or anesthesia and/or surgery for my child as named above. This form may be photocopied for use out of camp. I understand that the Old Colony Y is not responsible to provide health and accident insurance, and all charges occurred will be paid by the parent/guardian.

Signature of Parent/Guardian: ___________________________ Date: ___________________________

*If you cannot sign this due to religious reasons, the camp should be contacted for a legal waiver which must be signed for attendance.
I, the undersigned __________________________ (legal relationship to student, e.g., “parent, guardian”) of __________________________ (name of student) (“my child”), a minor, do hereby consent to my child’s participation in voluntary athletic or recreation programs of the Old Colony YMCA.

I also agree to forever release the Old Colony YMCA, to all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic or recreation programs of the Old Colony YMCA (“the Releasees”) from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child’s participation in the Old Colony YMCA voluntary athletic or recreation programs.

I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to my child or property damage resulting from my child’s participation in the Old Colony YMCA voluntary camping, athletic, or recreation programs.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my child’s participation in these programs is voluntary and that I am free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow my child to participate in Old Colony YMCA’s camping, athletic, or recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage my child or I may suffer in voluntary Old Colony YMCA or recreation programs.

Signature __________________________________________ Date __________________________ Guardian of ___________________________________________________________

A. Medical Liability

I understand that health and accident coverage for my child is my responsibility as parent or guardian. I will not hold Camp Satucket, the Old Colony Y, its representatives, counselors or staff liable for any injury incurred by my child. I hereby give my approval for her/his participation in the program. In an emergency, I hereby give permission to the physician selected by the Old Colony Y to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for my child as named above.

Signature __________________________________________ Date __________________________ Guardian of ___________________________________________________________

B. Photo Waiver

It is understood and agreed that the Old Colony Y reserves the right to take and utilize pictures, likenesses, videos, and testimonials of participants for promotional purposes including, but not limited to; reports, publications, brochures, emails, our website, and other instances of online presence.

“If you do not approve, please write “DO NOT PHOTO” and attach a current photo of your child to ensure s/he does not appear in any media.”

Signature __________________________________________ Date __________________________

C. Sunscreen/Bug Spray

I understand the following bug spray/sunscreen policy of Old Colony Y: We recommend that all campers and staff wear sunscreen with a SPF of at least 15 on all exposed skin, including lips, even on cloudy days. We recommend that all campers and staff use bug spray with DEET according to recommendations on product label. Parents/Legal Guardians will be responsible for providing their child with enough sunscreen and bug spray (in sealed containers) to take with them for applications throughout the day. Please include one container of each per child, labeled with your child’s name. Camp staff will be responsible for ensuring thorough follow-up applications after one hour in the water, after two hours of activity in the sun (due to perspiration), and/or any other times as needed. Please note, this will mean your child may have sunscreen and bug spray applied to them by the camp staff. Please explain this to your child prior to camp.

Signature __________________________________________ Date __________________________

TO DISCUSS ANY QUESTIONS OR CONCERNS REGARDING THIS AGREEMENT, PLEASE CONTACT THE YMCA AT 508-378-3913

> I ACKNOWLEDGE THAT I AM OVER THE AGE OF EIGHTEEN (18) YEARS. I ACKNOWLEDGE THAT I HAVE CAREFULLY AND COMPLETELY READ AND UNDERSTAND THE TERMS CONTAINED IN THIS RELEASE AND WAIVER OF LEGAL LIABILITY. I UNDERSTAND THAT MY SIGNATURE ON THE LEFT, DEMONSTRATES ACCEPTANCE OF THE ABOVE TERMS IN THEIR ENTIRETY.
CONTACT
Camp Registrar • 508-378-3913 • campsatucket@oldcolonyymca.org
Associate Executive Director • Alexandra Mason • 508-378-3913

REMINDER - WRITE CAMPERS FULL NAME ON EVERYTHING
Items to Bring: Water, Sunscreen/Bug Spray, Lunch/Snacks, Swimsuit & Towel with Bag for wet items, Camp Store $ (Tu/TH) (optional)

REGISTERED WEEKS
<table>
<thead>
<tr>
<th>Weeks:</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
</table>
OLD COLONY YMCA
ASSOCIATION OFFICE
320 MAIN STREET
BROCKTON, MA 02301
www.oldcolonyymca.org

SPINATHON
3/14
9am–1pm

HEALTHY KIDS DAY
4/25
TBD

OPEN HOUSE
5/9
10am–1pm

TOUCH A TRUCK
5/17
1pm–4pm

STAFF MEET & GREET
6/12
5pm–7pm

20% OFF
ENDS 3/31
Purchase 4 weeks of traditional camp, and receive 20% off each additional week (per child, must pay in full by 4/1. Excludes week 1).

$15 OFF – SIBLING DISCOUNT
per week, per additional child. Must be the same week of camp. Excludes week 1.

REFER A CAMPER
Refer a new camper for 2 sessions or more and receive $50 in Y-Bucks.

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